

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 040 ***150.00

DOCUMENT # *P00000094522*
1. Entity Name
MAIA Street Bedding Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
947 N Main Street
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville Florida

4. FEI Number
59-3676029
Applied For
Not Applicable

Zip
32609
Country
ALACHUA

Zip
32609
Country
ALACHUA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PHILIC BEVERTY
Street Address, (P.O. Box Number is Not Acceptable)
SUIT 505
408 West University AVE
City
Gainesville, Florida FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phil M Downey* (NOTE: Registered Agent signature required when reinstating) DATE *3-11-2003*

32601-5289

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Linda Downey President
4731 SW 76th Ter
Gainesville Florida 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Alex Downey Sec
4731 SW 76th Ter
Gainesville, Florida

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phil M Downey* DATE *3-11-2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-11-2003* Daytime Phone # *352-528-7121*

CR2E034B (12/02)